TRAVEL EXPENSE CLAIM

IHAV	EL EX	PENSE CLAIN	/1		See Instr	uctions a	nd Privac	y						,
STD 262 (F	REV 10/92)				Stateme		erse Side				Page	1	of	1
						SSAN OR EA	IPLOYEE NUM	IBER		DEPARTME	NT	895,000		***************************************
John Ci	ruz			CB/ID NUMB	ED	DIVISION OF	BUDEAU							
New House, No. 200						DIVISION OR BUREAU						INDEX NUMBER		
Appointments Secretary RESIDENCE ADDRESS							HEADQUARTERS ADDRESS							
									2222			TELEPHONE	NUMBER	
СПҮ		STATE		ZIP		1350 Fr	ont Stree	et, Suite	6054	STATE		!	-	
-						3.12					ZIP			
						San Diego CA.				CA.	92101			
6.4.1	DA	LOCATION			MEALS	Γ	1		TRANSPORTA		ION		1	
Marie	THEAT !	WHERE EXPENSES	LODGING							CARFARE.	ļ		BUSINESS	TOTAL
DATE	TIME	WERE INCURRED	LODGING	BREAKFAST			INCIDENTALS	COST OF		TOLLS,		CAR USE	EXPENSE	EXPENSE
DATE	THAT	WERE INCORRED			LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
11.2.09	7:35am	OC to SAC	/ 134.57					158.60		35.00				328.1
11.3.09	7:00pm	SAC to OC			6.48	/ _{12.05}	6.00	158.60		68.00				251.1
11.12.09	7:35am	OC to SAC			579	. /		135.60		35.00				188.6
11 12 (4)	0.00	046-06						1		1				
11.12.09	9:00pm	SAC to OC						161.30		59.00		0.00		220.3
				7								3		
								All and a second and a second						
												0.00		0.0
														0.0
												0.00		(),()(
												0.00		0.00
						· 4'						0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
	SUBTO		134.57	0.00	13.27	23.33	6.00	614.10	0.00	197.00	0	0.00	0.00	
COLUMN	CODE (A	CCTG USE ONLY)												
	CLAIM T	TOTAL				3.000					981	48	\$988	.27
PURPOSE	OF TRIF	, REMARKS AND D	DETAILS (Attach rec	eipts wher	required)				I.	NORMAL W	OBK HOU		
11.2.09-1	11.4.09-	Sign time with G	AS, mee	tings wit	h possibl	e candid	ates.							
11.12.09	- Staff m	eetings, sign time	e with GA	AS.						·				
										1				
						# 35F 3F 1				ļ.	/ILEAGE R/	ATE OLANA	150	
										l"	0 445	ATE CLAIV	IEU	
			*****						· · · · · · · · · · · · · · · · · · ·			V 4000U	NITING O	
HEBERY CE	BTIEV That	the above is a true statem	and of the Ires	ol comences							AGENO		NTING O	-FIUE
												USE O	NLY	
		rned vehicle was used and								ual to or	PAID BY F	EVOLVINO FU	ND CHECK NU	VIBER
		ed, and that I have met the	e requirement	s as prescrib	ed by SAM S	Sections 0750	, 0751,0752,	0753 and 07	54		2	41	18/1	_
enaining to v	renicle sal ∉ ty	and seat belt usage								L	0		10 UK	2
				P	ATE / /	s	K	OFFICED AP	PROVING TRA	VEL AND PAY	MENT	D.	ATE /	, 1
				1.	12/1/8	9							12/0/	00
GN.	TLE OF AU	THORITY FOR SPECIAL EX	PENS		//		***						10	97
												D	ATE	